

## **Loan Information Form Instructions**

### **Kansas State Loan Repayment Program**

Please complete one Loan Information Form for each loan you wish the Kansas State Loan Repayment Program (SLRP) to consider for repayment.

Attach to this form

- a copy of the original loan agreement and application
- promissory notes
- disclosure statements
- statements from the current holder indicating the borrower's name, original amount borrowed, date of original disbursement, and type of loan.

In addition, include a current account statement showing your loan balance.

Information on the necessary components of these items is available on the Kansas State Loan Repayment Program website <http://www.kdheks.gov/olrh/FundLoan.html>. Applications without the required loan documents will be ineligible.

If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for health professions education costs that were consolidated into a new loan. You may fill out one loan form for the consolidation, but you must list on a separate sheet of paper the original date and amount of each educational loan, including the original disbursement date, the amount, and the loan type.

If an eligible educational loan is consolidated or refinanced with any debt other than an educational loan of the applicant, no portion of the consolidated/refinanced loan will be eligible for loan repayment.

Kansas Department of Health and Environment  
Bureau of Local and Rural Health

**Loan Information Form**  
**State Loan Repayment Applicant Information**

**Applicant Information**

Name (Last, First, Middle) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Lending Institution Information**

Lending Institution Name \_\_\_\_\_ Loan Account No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Is this a consolidated loan? \_\_\_\_\_ Academic Period covered by the Loan \_\_\_\_\_  
Original Date of the Loan \_\_\_\_\_ Original Amount of the Loan \$ \_\_\_\_\_  
Current Balance (Principal & Interest) \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ Interest Rate \_\_\_\_\_  
Purpose of the Loan as Indicated on the Loan Application \_\_\_\_\_  
\_\_\_\_\_

Type of Loan (e.g., GSL, NDSL, HEAL) \_\_\_\_\_  
Was the loan sold? (If you are not sure, check with your lender) \_\_\_\_\_  
If "yes," give the secondary loan holder's name and full address  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**If the answer is yes to either of the following questions, please provide detailed information on a separate sheet of paper.**

Loan in Default? \_\_\_\_\_ If so, date of default \_\_\_\_\_  
Loan under a Federal Court Judgment? \_\_\_\_\_ If so, date of the judgment \_\_\_\_\_

I hereby certify to the accuracy of the above information and that I am only applying for Kansas State Loan Repayment of loans incurred solely for the costs of education, including reasonable living expense, leading to a degree in an eligible profession.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Kansas State Loan Repayment Program**  
**Request to Release Personally Identifiable and Confidential Information**

Please complete one form for each lending institution with a loan for which you are seeking Kansas State Loan Repayment Program repayment assistance.

I \_\_\_\_\_ hereby authorize the Kansas Department of Health and Environment to receive any requested information concerning my application(s) for student loans and other information pertinent to my application for the Kansas State Loan Repayment Program. The institution or agency directed to release information to the Kansas Department of Health and Environment is listed below.

Lender/Guaranty Agency/Loan Servicer \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number